STATE OF NEW HAMPSHIRE



	101	CODDITIONS	SesRECEIVED
PLEASE PRINT 1. Name of Lobbyist(s) Nicola Bocour		A Chapter 15)	APR 17 2019 NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership,	firm or corporation, if an	y:	
(Name of partnership	, firm or corporation)		
700 13th Street, NW, Suite 600	Washington	DC	20005
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(973) <u>715-9385</u> (Telephone)	(Fax)	e-mail nbocou	r@giffords.org
III. This statement covers: (Choose reportable expense transactions wh	ich are not attributable to	any one client).	
Giffords		 	
OR ☐ All reportable transactions by the unrelated to any particular client.	Client as it appears on the Lob		ying firm listed below which are
	registration to 3/31/19	July 31, 2019 activity from 4/1/19 to 6/30	
October 30, 2019 activity from 7/1/19 to 9/30/19		January 29, 2020 [activity from 10/1/19 to 12	

V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State 's Office, State House, Room 204. Concord. NH 03301.

VI. Check if additional reports are attached:

- ☐ If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses
- ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement
- If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

hom	April 16, 2019
(Signature of lobbyist)	(Date)
Nicola Bocour	
(Print Name of lobbyist)	